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On the status
Of women

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MIDWIFERY:

RECOMMENDATIONS TO THE MANITOBA GOVERNMENT

THE MANITOBA ADVISORY COUNCIL
ON THE STATUS OF WOMEN

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INTRODUCTION

The mandate of the Manitoba Advisory Council on the Status of Women is to advise the Manitoba Government on matters of concern to women. Council fulfills this mandate by conducting independent research and consulting with women and women's organizations across the province.

In its consultative capacity, the Advisory Council has, over the past few years, heard from a number of women expressing concern regarding modern maternity health care. Such care, they claim, tends to alienate women from the experience of childbirth, treating this experience not as a natural process, but as an illness requiring sophisticated technological intervention.

Midwifery: A Discussion Paper

The Manitoba Advisory Council on the Status of Women appointed a sub-committee in 1985 to address women's increasing concerns regarding the childbirth process. The mandate of the sub-committee was twofold: to review issues related to current maternity care and the practice of midwifery, and to ascertain the views of Manitoba health care providers on these same issues.

Chaired by Beverly Cann, a registered nurse and an Advisory Council member, the sub-committee was made up of women with expertise and experience in the field of maternal health and childbirth. Other volunteer sub-committee members included Kris Robinson, a nurse midwife trained in Britain; Norma Buchan, a consultant with the Manitoba Maternal and Child Health Care Directorate; Darlene Birch, a practicing lay midwife; Hanna Fonseca, whose background is in anthropology and public health education; and Nancy McKeen, a member of the Manitoba Association for Childbirth and

Family Education.

The Advisory Council sub-committee prepared Midwifery: A Discussion Paper, which was approved by Council and published in May 1987. It was then distributed widely by Council to individuals and women's organizations across Manitoba. The paper outlined emerging issues associated with maternity care and midwifery. It also included questions for discussion. Individuals and groups were encouraged to respond to these questions and to submit their responses in writing to Council.

Advisory Council Consultations

In September 1987, the Advisory Council began a series of consultation sessions with women in urban, rural and northern communities. Consultation sessions were well received and well attended, thereby enabling Council to ascertain the views of a cross-section of Manitoba women.

While the Advisory Council's sub-committee was formally dissolved in the spring of 1987, Council wishes to acknowledge the continued participation of two sub-committee members, Kris Robinson and Darlene Birch, who agreed to act as facilitators for several of the consultation meetings.

Recommendations to the Manitoba Government

This document has been prepared by the Advisory Council as a companion piece to its initial publication, Midwifery: A Discussion Paper. In Section I of the document, a brief synopsis of the discussion paper is presented. This is followed in Section II by an overview of the results of Council's community consultation meetings.

The views of Manitoba women, as these were expressed to the

Advisory Council, both through written submissions and through participation in the consultation process, have been used by Council to frame a series of recommendations to the Government of Manitoba regarding the integration of midwifery into the health care system. These recommendations are contained in Section III.

SECTION I. MIDWIFERY DISCUSSION PAPER: A SYNOPSIS

Current Maternity Care

Midwifery: A Discussion Paper begins with an overview of maternity care in Canada. It traces the emerging view of childbirth as pathology, noting a substantial increase, over the past several decades, in medical interventions such as delivery by cesarean-section, artificially induced labour, and greater use of technology. While these interventions have been developed to protect birthing mothers and their newborns, not only are they costly and intrusive, but now many are being employed unnecessarily as so called "preventative measures" in cases of low risk pregnancy and childbirth.

The discussion paper also reviews another major weakness of the present maternal care system: "fragmentation of care". Because maternity care in Canada tends to focus on labour and the delivery of babies, very little medical attention is given to diet, exercise, psychological state and family situation, factors often noted as key indicators of possible birth complications.

Current maternity care is also fragmented in that during the course of her pregnancy and beyond, a birthing woman may be cared for by a multiplicity of health care professionals.

Midwifery Defined

A midwife is someone who assists women in giving birth. The Advisory Council's discussion paper explores the full range of roles and functions undertaken by midwives.

Midwives are recognized as experts in normal and natural

birth procedures. They take responsibility for supervising pregnancies, and educating as well as advising parents, from prenatal through to post-partum stages.

Council has adopted the following definition of midwife, which is used worldwide by the International Confederation of Midwives and the International Federation of Obstetrics and Gynecology:

> (She) must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility and to care for the newborn and the mother. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the patients but also within the family and community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child care.
>
> She may practise in hospitals, clinics, health units, domiciliary conditions or in any other service.[1]

Birthing Women: Specific Groups

While midwifery care would undoubtedly benefit a majority of birthing women, Council's discussion paper identifies specific groups of women, such as northern aboriginal women, rural women and immigrant women, who find that existing maternity health care is even less responsive to their needs.

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1. Report of the Task Force on the Implementation of Midwifery in Ontario 1987, p. 12

Distance, language and culture are extremely important factors which must be addressed throughout the health care system. Culturally sensitive midwives, and midwives working in their own communities, would be an essential and valuable component of the maternity care system.

Current Status of Midwifery

World Health Organization statistics show that of the organization's two hundred and ten member countries, only Canada and seven developing countries do not provide comprehensive midwifery care during normal childbirth.

In Manitoba, as in most other Canadian jurisdictions, legislation relevant to the practice of midwifery is contained in The Medical Act. Provisions in this Act include midwifery as a form of practicing medicine, and restrict this practice to licensed physicians.

In spite of restrictive legislation, midwives in Canada do deliver babies. Until recently, trained midwives from other countries were recruited to practice in remote northern outposts. Nurses who have midwifery training are frequently utilized in hospital obstetrical wards. In most provinces, including Manitoba, there is an active contingent of midwives who privately provide their services to women in conjuction with available health services and/or to women choosing home birth.

Implementation Issues

Midwifery: A Discussion Paper examines several of the key implementation factors related to incorporating midwifery into Manitoba's health care system. A variety of training and service delivery models currently in use in other

countries are reviewed.

The discussion paper also summarizes the current debate regarding the education and training of midwives. Some believe that midwifery education should be offered only as an advanced speciality of nursing. This belief stems from the view that the legalization and regulation of midwifery most appropriately belongs within the sphere of the nursing profession. Others favour a direct entry model, which would not require nursing pre-requisites. It is argued that midwifery is a profession in its own right, and while certain nursing skills are required, it is not necessary for all midwives to be nurses.

Although little research has been conducted regarding the cost effectiveness of midwifery care, it is widely believed that because of its decreased use of unnecessary technological interventions, the implementation of midwifery would result in considerable cost savings. This, along with the substantial social benefits of midwifery, attest to its potential value as an essential component of Manitoba's health care system.

Survey of Health Care Organizations

The Advisory Council's discussion paper concludes with the results of its survey of health care organizations in Manitoba. To determine the level of support for midwifery among these organizations, those representing both consumers and providers of health care were canvassed by Council.

Of the 14 organizations which responded to Council's survey, 13 supported the legalization of midwifery and its implementation in Manitoba's health care system.

SECTION II. COMMUNITY CONSULTATIONS: OVERVIEW AND OUTCOMES

Between September 1987 and March 1988, the Advisory Council held consultation sessions with groups of women in Winnipeg, Souris, Beausejour and Dauphin, as well as in Norway House and Thompson. Sessions in Winnipeg were also held with the Board members of the Manitoba Metis Women's Alliance, a group of immigrant women, child birth educators and representatives of the College of Physicians and Surgeons. Women who were not able to attend the consultation meetings were encouraged to express their views and concerns in written form, and to forward these to the Advisory Council.

The views expressed by Manitoba women on the issue of midwifery are summarized in this section of the report. Many suggestions for change within the maternal health care system were made by women at the consultation sessions. These suggestions are highlighted herein as *Directives for Change*. The directives have been used by Council to frame the basis of recommendations to the Government of Manitoba.

Midwifery and Maternal Care

Many personal accounts by women who have felt alienated from the birthing process were heard during the community consultation meetings. Participants emphasized the need to recognize the emotional and familial significance of childbirth. Women frequently expressed a desire for birth attendants who possess both technical skill and compassion.

Midwifery was advanced, time and time again, as a means by which more holistic, supportive and continuous maternity care could be provided to birthing women.

At all consultation sessions, the vast majority of

participants strongly supported the legalization of midwifery and its integration into Manitoba's health care system.

Directive for Change

> That midwifery be legalized and that midwifery care be provided as a service of the maternal health care system in Manitoba.

Midwives and other Maternal Care Professionals

Consultation participants viewed midwifery as a distinct and independent health care profession, where midwives work collegially with others involved in delivering maternity care. Participants did not believe that midwives should be supervised by, or responsible to, physicians. The professional mandate of midwives is unique from that of nurses and physicians.

Directive for Change

> That midwifery be recognized as an independent and self-regulated profession.

Midwifery Education

Discussion and debate on the form and type of educational training required by an individual to gain professional status as a midwife was a major topic of discussion at consultation sessions. Both educational models, direct entry and nursing speciality, received support.

Some women, particularly those in rural and northern Manitoba, expressed stronger support for a direct entry training program. Participants articulated the many strengths inherent in this model, such as the potential for community-based training, involvement by community members and consumers in developing and delivering program content,

and program capacity to address variations in culture and language. Direct entry was also seen as a more appropriate eduational model for practicing midwives, as well as for older women wishing to become midwives.

Midwifery training as a speciality in nursing was suggested by those who identified common areas in both fields, thereby maximizing the skills and knowledge gained through nursing education. A majority of these participants supported the establishment of a one year, post-basic, registered nursing specialization.

Overall, participants favoured the establishment of a dual entry system, creating both a direct entry program and a post-basic, registered nursing specialization. This would allow the greatest flexibility in entry, while also ensuring that all trainees would receive equivalent training and graduate with the same credentials.

Many other concerns related to midwifery education were raised. Those most often expressed included access to training, credit for previous training and experience, and continuing competency. Women throughout the province view educational accessibility as a priority.

Participants noted that women face many barriers to post-secondary education: cost, compulsory pre-requisite education, time and travel demands which may conflict with family responsibilities, English as the only language of instruction, minimal program flexibility regarding part-time studies, limited available child care, and little or no sensitivity to cultural differences.

At the consultation meetings, the Advisory Council heard numerous suggestions which, if implemented, would greatly enhance the accessibility of midwifery training, especially for northern, aboriginal, rural and immigrant women. These

are contained in the Appendix.

Women at the consultation sessions felt strongly that women who are now practicing midwives should be permitted to demonstrate their competence, knowledge, and skill, to educational authorities. Through a "challenge for credit" system, practicing midwives should be able to demonstrate competency and gain advanced standing in training programs.

Midwives trained outside of Manitoba should have the opportunity to gain recognition for their training credentials. Consultation participants suggested that international and interprovincial agreements be established to provide Manitoba trained midwives with more flexibility in terms of ability to work outside of the province, while giving others access to positions in Manitoba.

Continuing professional competency is essential for all members of the health care field in order to protect consumers and ensure satisfaction. It is important that midwives, as members of the maternity health care team, maintain professional competency. Participants suggested that regular requirements for pursuing continuing education should be built into the system of registry and licensure for all practicing midwives.

Directive for Change

> That a midwifery training initiative be established in Manitoba. Such an initiative should be dual entry, including both a direct entry program and a post-basic, registered nursing specialization. Attention to accessibility issues, credit for the experience of practicing midwives, recognition of previous training credentials, and requirements for midwives to maintain professional skills over time, should be given priority.

Community-Based Maternal Health Care

Participants, particularly those in rural and northern

communities, expressed the need for the establishment of community-based health care centres, which would include birthing facilities. This, they stressed, would help to prevent the evacuation of birthing women from their communities, at least in low-risk cases. The use, in these centres, of midwives from the community would also promote sensitivity to language and cultural differences.

Community-based midwifery care was supported by a majority of participants at all consultation sessions.

Directive for Change

> That throughout the province, birthing facilities be provided through a system of community-based health care centres.

Integration of Midwifery into the Maternal Health Care System

Participants viewed the integration of midwifery services into the health care system as cost effective. This, they suggested, would be due to the role of midwifery in reducing the use of expensive technological interventions, and the length of hospital stay, while improving the physical and emotional health conditions of birthing women through preventative measures and continuity of care.

The provision of midwifery services through the publicly funded health care system was viewed by participants as a practical solution to ensure that these services are accessible to all women requesting them.

Directive for Change

> That midwifery services be fully funded through Manitoba's comprehensive health care system, and as such, be accessible to all residents of the province.

Summary

The Advisory Council values the views and concerns regarding midwifery as expressed by women throughout Manitoba. The discussions that took place during consultation sessions, as well as comments contained in written responses, have provided Council with guidance and direction in the formulation of recommendations to the Manitoba Government.

SECTION III. MIDWIFERY RECOMMENDATIONS

The Advisory Council has adopted the position that midwifery should be legalized and integrated into Manitoba's health care system. This position was strongly supported by Manitoba women throughout Council's consultation process.

RECOMMENDATIONS

In order to achieve a standard of high quality, accessible midwifery care and education in Manitoba, it is recommended:

LICENSURE/INDEPENDENT STATUS

1. **THAT the Government of Manitoba legalize the practice of midwifery by enacting a Midwives Act in which the scope of practice is defined consistently with the internationally adopted definition of midwife.[1]**

2. **THAT the Government of Manitoba support the establishment of an independent governing body of midwives responsible for the self-regulation of the profession of midwifery.**

   In addition to defining the scope of practice for midwives and outlining the establishment of an independent governing body of midwives, the Midwives Act would describe licensing criteria such as education and practice requirements, note specific

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1. This would require that Manitoba's Medical Act, which currently restricts the practice of midwifery to licensed physicians, be amended.

licensing procedures, list expected standards of practice, including all duties and responsibilities, and also detail disciplinary and appeal procedures.

EDUCATION

3. **THAT the Government of Manitoba allocate funds to educational institutions for the establishment and continued operation of a midwifery training program. Certification is to be offered through both a direct entry training program and a post-basic, registered nursing specialization.**

A direct entry program would include three years of training utilizing a preceptorship model, as well as theoretical knowlege and skill development.

A post-basic, registered nursing specialization would be a one year training program which would include a practice component, as well as selected theoretical courses to enhance knowledge and skill related to normal childbirth.

4. **THAT criteria which recognizes the knowledge, skill and practical experience of practicing midwives be established to allow them to gain advanced standing in training programs.**

This regulation, the Grandmother Clause, should be limited to ten years, and then phased out.

5. **THAT criteria be established for recognizing the qualifications of midwives trained in other jurisdictions.**

6. **THAT continuing education be required for renewal of midwifery registration to assure continuing competency.**

7. **THAT** all midwifery training programs be developed and delivered based on principles and practices of access to education. This would include geographical access, financial support, and social supports such as adequate child care, flexible study schedules and cultural and language sensitivity.

COMMUNITY-BASED MATERNAL HEALTH CARE

8. **THAT** community-based health care centres, including birthing facilities, be established throughout Manitoba. Midwives are to be integral members of the community-based health care team.

INTEGRATION OF MIDWIFERY SERVICES

9. **THAT** midwifery services be incorporated into Manitoba's health care system. Midwifery services are to be provided in approved settings such as community health clinics, birthing centres and private homes, as well as in institutional settings such as hospitals. All settings must meet standards for safe and effective midwifery practice.

10. **THAT** the relationship between midwives and other health care professionals be collegial.

11. **THAT** midwifery services be insured health benefits, fully funded under the Manitoba Health Services Insurance Act.

12. **THAT** The Hospitals Act be amended to empower hospital boards to appoint midwives to hospital staff and to grant midwives admitting privileges.

13. **THAT** midwives be covered by liability insurance.

SUMMARY RECOMMENDATION

THAT the Government of Manitoba commit itself to providing adequate funds for midwifery education and services, and to enacting the legislation necessary to enable midwives to assume their place in Manitoba's health care system.

APPENDIX

ACCESS TO MIDWIFERY TRAINING

Throughout the consultation process, participants highlighted the need for midwifery training to be accessible. Some of the ideas suggested to promote access to education were:

- offer training in home communities;
- modularize training components so that some sections of training could be "home study", while others are training site and practice focused;
- modularized training packages could also be used to increase flexibility in the learning process as students complete modules at a speed most appropriate for them;
- rotate training sites throughout the province;
- integrate elders and community leaders into training to develop cultural awareness and sensitivity to community characteristics;
- build flexibility into program design to allow part-time studies;
- ensure that adequate child care is available;
- utilize distance education technology such as video-taping and electronic transmission of lectures, use of tutors/mentors and conference calls, as well as short-term intensive courses of study;
- provide opportunities for academic upgrading;
- provide language training and/or develop training resources in the languages common in Manitoba;
- make financial assistance for study available;
- run pilot projects for midwifery training in urban, rural and northern communities to ensure that the final training program design accounts for the needs and differences experienced by women throughout the province.

The principles underpinning the above suggestions are contained in Recommendation 7 (page 16).